

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

GILES S. PORTER, M.D., Director

## Weekly Bulletin



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EDITOR

## Tuberculosis in California

(Continued from last issue)

In order to carry out the provisions of the act of the 1911 Legislature, the California State Board of Health appointed a tuberculosis commission, consisting of fifty individuals who were particularly qualified to serve upon such a commission. These were physicians who specialized in tuberculosis, social workers, legislators, health officers, architects, public officials and others. The executive board of the commission was composed of Dr. George H. Kress, Los Angeles, chairman; Dr. Charles C. Browning, tuberculosis specialist of Los Angeles; Dr. R. G. Broderick, City Health Officer of San Francisco; Mr. A. Bonnheim of Sacramento, Miss Katherine C. Felton of San Francisco, secretary of the Associated Charities. This commission held many meetings in both northern and southern California. It was organized into ten committees, as follows:

Institutional Activities—Administration.

Institutional Activities—Construction.

School Construction and Health Administration of Schools.

Housing Conditions.

Sociologic and Economic Conditions.

Legal Procedure.

Scientific Problems.

Educational Measures.

Industrial and Commercial Problems.

Registration and Disinfection.

The work of the commission covered a wide field and

in order to determine the status of the tuberculosis problem in California open meetings were held to which individuals who were particularly interested in special problems related to tuberculosis control were invited. A number of organizations and individuals were particularly insistent that a State tuberculosis sanatorium be established and these organizations sent representatives to meetings of the commission, where arguments for the establishment of a State institution were presented forcefully. It was 1914 before the final report of the California Tuberculosis Commission was published. This consisted of a volume of more than 150 printed pages. It contained reports on the statistical and sociological aspects of the California tuberculosis problem and provided extensive tabulations which revealed the extent of the problem in every community of the State. A survey of tuberculosis in California hospitals, sanatoria and institutions was presented, together with an exposition of the problem with relation to legislative needs. Model laws, providing for the organization of a Bureau of Tuberculosis in the State Board of Health, for the medical treatment of residents afflicted with tuberculosis, for the maintenance and control of sanatoria in the counties, for the establishment of foreign colonies and other institutions, for the medical treatment of indigent residents, for the dissemination of knowledge relative to the best means of preventing the spread of tuberculosis and for defining the powers



and duties of physicians and health officers in the protection of the people against the disease, were presented in this volume. Considerable space was devoted to the control and prevention of bad housing conditions as a part of the program to check the spread of tuberculosis. Surveys of housing conditions in the larger cities of the State were printed in this report. Particular attention was given to the solution of problems related to the influx of the tuberculous from other States. Concerning this, the report reads:

"It must be remembered that the great majority of such tuberculous persons come here in the honest and sincere desire and hope that the California climate may in some way enable them to nurse themselves back to health and civic usefulness, and many of our citizens have been able to accomplish this very thing. It would seem only just, therefore, that we should permit the tuberculous sick to come to us just as have come so many hundreds and thousands of families, one of whose members may have been suffering from some other disease. California can not prevent the influx of tuberculous citizens of other States and it is wrong in every way for other States to escape their responsibility in the care of their own tuberculous sick by sending them to California, but it is likewise wrong for California to evade its responsibility to its thousands of nontuberculous citizens when it permits these tuberculous residents of other States to come and settle themselves in our California communities without having done those things which can reduce the danger of infection from the presence of such tuberculous persons to the least possible amount."

The final recommendations of the commission covered the following subjects:

1. The correlation of all activities, both public and private, relating to the control of tuberculosis.
2. The establishment of a State Bureau of Tuberculosis.
3. The complete and prompt registration of all tuberculous patients.
4. The establishment of a State tuberculosis dispensary system.
5. The provision of institutional care for cases where such care was mandatory.
6. The proper assignment of cases to home care, hospital, sanatorium, work colony, or other institution.
7. The provision of visiting nursing and other facilities for patients who could not be classified as institutional cases.
8. Proper control of tuberculosis in State institutions.
9. Careful study of the migration of tuberculous patients into California.
10. The necessity of a State policy to prevent the enormous financial losses from tuberculosis.

The specific recommendations of the commission did not cover legislation, but the following recommendations represented the consensus of opinion of

the members of this body which worked long and hard upon a difficult problem:

1. There should be a State Bureau of Tuberculosis to supervise all work bearing upon the prevention and treatment of the disease; to advise or direct all local bodies in making institutional provisions for patients; to make all necessary rules and regulations for the effective work of the bureau.

2. Under this bureau there should be an adequate system of dispensaries made available for both urban and rural populations.

3. County hospitals should be required to provide ample accommodations for segregating cases in special wards and two or more contiguous counties should be permitted to form districts for the purpose of providing necessary hospital care or enter into agreements with private tuberculosis institutions approved by the bureau.

4. Provision should be made for district sanatoria for patients who give promise of restoration to working capacity.

5. Industrial and farm colonies for the proper training of incipient cases and convalescent cases should be developed.

Lest there might not be funds for carrying out all of these recommendations, the commission regarded as essential that a Bureau of Tuberculosis be established; that improved county hospital facilities be provided for the care of advanced cases; and that appropriations be made available for cooperating with counties in providing district sanatoria or equivalent facilities and for aid in cases of those indigent patients clearly not residents of any one county. In 1915, legislation was introduced for the establishment of a Bureau of Tuberculosis within the organization of the State Board of Health, and Dr. Burt F. Howard of Sacramento became the first chief of the bureau, followed later by Mrs. Edythe Tate-Thompson, who has held this office since that time. Senator Herbert C. Jones introduced legislation which provides for a State subsidy to counties which maintain required standards in the care of tuberculous patients. Since the establishment of this bureau, together with the subsidy, tuberculosis control measures have been carried out with startling success. The death rate for this disease has been cut in half. To be sure, factors other than these control measures have played a part in bringing about the reduced mortality rate, but it would seem that the careful study and recommendations of the California Tuberculosis Commission played a very important part in crystallizing plans for the control of this disease in California.



**HIGHWAY EATING PLACES INSPECTED**

Food supply places and service stations, situated along the following highways, were inspected in October as follows:

Highway No. 99, Shasta County line to Oregon State line—food supply places inspected 79, conditions satisfactory 60, minor defects 12, insanitary conditions noted 7; service stations inspected 15, conditions satisfactory 12, minor defects 1, insanitary conditions 2.

Highway No. 99, Tehama County line to Siskiyou County line through Shasta County—food supply places inspected 62, conditions satisfactory 40, minor defects 12, insanitary conditions noted 10; service stations inspected 11, conditions satisfactory 7, minor defects 2, insanitary conditions noted 2.

Highway No. 99, Glenn County line to Shasta County line through Tehama County—food supply places inspected 12, conditions satisfactory 6, minor defects 3, insanitary conditions noted 3; service stations inspected 5, conditions satisfactory 3, minor defects 1, insanitary conditions noted 1.

Highway No. 99, Colusa County line to Tehama County line through Glenn County—food supply places inspected 9, conditions satisfactory 6, minor defects 2, insanitary conditions 1; service stations inspected 1, o.k.

Highway No. 99, Yolo County line to Glenn County line through Colusa County—food supply places inspected 3, conditions satisfactory 2, minor defects 1; service stations inspected 3, conditions satisfactory 2, minor defects 1.

Highway No. 99, Placer County line to Marysville through Yuba County—food supply places inspected 10, conditions satisfactory 5, minor defects 3; insanitary conditions 2, service stations inspected 2, o.k.

Marysville to Butte County line, Oroville highway—food supply places inspected 5, conditions satisfactory 2, minor defects 2, insanitary conditions noted 1; service stations inspected 3, o.k.

Total food supply places on highway inspected	180
Total conditions satisfactory	140
Total improvements needed	40
Total service stations inspected	40
Total conditions satisfactory	30
Total improvements needed	10

"As a danger to the public health, as a peril to the family, and as a menace to the vitality, health and physical progress of the race, the venereal diseases are justly regarded as the greatest of modern plagues, and their prophylaxis the most pressing problem of preventive medicine that confronts us at the present day."—M. J. Rosenau.

**FEDERAL FUNDS SPEED CONSTRUCTION**

The great impetus given to the construction of sanitary engineering projects because of the availability of Federal funds for the purpose has involved a large amount of work by the sanitary engineering staff of the department. A total of 26 new sewer projects has been brought before the Bureau of Sanitary Engineering during October. The Public Works Administration of the Federal Government has already approved loans for important additions to the sewerage works of Cloverdale, Palo Alto and San Francisco. Projects pending and recommended for permits by the bureau include Brawley, El Centro, Colton, San Mateo, Monterey, Sonoma and Monterey Park. Projects not so far advanced but now under investigation are at Coalinga, Bakersfield, Oxnard, Ontario, Placerville, Burlingame, Palm Springs, King City, Half Moon Bay, Healdsburg, Riverside, San Juan Capistrano, Avenal, Huntington Beach, Dana Point, Sunset Beach, San Ysidro and Jamestown.

**"BOOTLEG" CLAM DIGGERS ARE CONVICTED**

In cooperation with the San Francisco Health Department, a group of clam diggers who had previously been dropped from the State "clam diggers list" was arrested for handling clams which showed pollution. Conviction with a 30-day jail sentence was obtained. By agreement, the sentence was suspended. However, the conviction is an important advance in better control of a clean clam supply in the San Francisco Bay region. Many visits have been made to digging grounds at San Francisco Bay, Bolinas Bay and Tomales Bay in an effort to keep informed of the sources and the condition of the clams which reach the markets. The control is getting gradually more difficult on account of the increasing consumption of clams and the depletion of supply in beds that are clean. Therefore, there is an increasing temptation of many diggers to dig on grounds of unknown safety or which are positively polluted.

**NEW HEALTH OFFICER AT CALEXICO**

Dr. Fred C. Gregg has been appointed City Health Officer of Calexico to succeed Dr. W. T. Talbott, who died recently.

Even in the populous districts, the practice of medicine is a lonely road which winds uphill all the way, and a man may easily go astray and never reach the delectable mountains unless he early finds those shepherd guides of whom Bunyan tells, Knowledge, Experience, Watchful and Sincere.—Osler.



## CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

### DISEASES REPORTABLE IN CALIFORNIA REPORTABLE ONLY

ANTHRAX	MALARIA*
BERIBERI	PELLAGRA
BOTULISM	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANU- LOMA	RELAPSING FEVER
DENGUE*	ROCKY MOUNTAIN SPOTTED FEVER
FLUKE INFECTION	SEPTIC SORE THROAT
FOOD POISONING	TETANUS
GLANDERS***	TRICHINOSIS
HOOKWORM	TULAREMIA
JAUNDICE (Infectious)	UNDULANT FEVER

### ISOLATION OF PATIENT

CHICKENPOX**	OPHTHALMIA NEONA- TORUM
DYSENTERY (Amoebic)	PSITTACOSIS
DYSENTERY (Bacillary)	RABIES (Animal)**
ERYSIPELAS	RABIES (Human)
GERMAN MEASLES**	SYPHILIS
GONOCOCCUS INFECTION	TRACHOMA
INFLUENZA	TUBERCULOSIS
MEASLES**	WHOOPING COUGH**
MUMPS**	

### QUARANTINABLE

CHOLERA***	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID AND PARA- TYPHOID FEVER
LEPROSY	TYPHUS FEVER
MENINGITIS (Epidemic)	YELLOW FEVER***
PLAGUE***	
ACUTE ANTERIOR POLIOMYELITIS	

\* Patient should be kept in mosquito-free room.  
 \*\* Nonimmune contacts isolated also.  
 \*\*\* Cases to be reported to State Department of Public Health  
 by telephone or telegraph and special instructions will be issued.

### MORBIDITY\*

#### Diphtheria

53 cases of diphtheria have been reported, as follows: Oakland 1, Los Angeles County 3, Alhambra 1, Arcadia 1, Huntington Park 1, Long Beach 1, Los Angeles 28, Santa Monica 2, Lynwood 1, Gardena 1, Monterey 1, Plumas County 1, Sacramento 1, San Bernardino County 3, San Diego 1, San Francisco 6.

#### Chickenpox

277 cases of chickenpox have been reported. Those communities reporting 10 or more cases are as follows: Berkeley 12, Oakland 29, Los Angeles County 25, Los Angeles 30, Sacramento 10, San Francisco 54, Santa Clara County 17.

#### Measles

172 cases of measles have been reported. Those

\* From reports received on November 20th and 21st for week ending November 18th.

communities reporting 10 or more cases are as follows: Oakland 45, Grass Valley 12, San Diego 85.

#### Scarlet Fever

225 Cases of scarlet fever have been reported. Those communities reporting 10 or more cases are as follows: Los Angeles County 21, Los Angeles 76.

#### Whooping Cough

283 cases of whooping cough have been reported. Those communities reporting 10 or more cases are as follows: Alameda County 18, Oakland 32, Los Angeles County 38, Los Angeles 46, San Francisco 26, Santa Clara County 12.

#### Smallpox

5 cases of smallpox have been reported, as follows: Glendale 1, Los Angeles 4.

#### Typhoid Fever

9 cases of typhoid fever have been reported, as follows: Fresno County 4, Los Angeles 3, Stanislaus County 1, Ventura County 1.

#### Meningitis (Epidemic)

4 cases of epidemic meningitis have been reported, as follows: Berkeley 1, Los Angeles County 1, Los Angeles 1, Santa Rosa 1.

#### Jaundice (Epidemic)

2 cases of epidemic jaundice from Long Beach have been reported.

#### Poliomyelitis

4 cases of poliomyelitis have been reported, as follows: Riverside County 1, Riverside 1, San Bernardino County 1, Colton 1.

#### Trichinosis

One case of trichinosis from Oakland has been reported.

#### Food Poisoning

57 cases of food poisoning have been reported, as follows: Los Angeles 56, Santa Monica 1.

#### Undulant Fever

3 cases of undulant fever have been reported, as follows: Butte County 1, Riverside 1, Red Bluff 1.

#### Coccidioidal Granuloma

2 cases of coccidioidal granuloma from Kern County have been reported.

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